

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF INDIANA
INDIANAPOLIS DIVISION

IN RE:)	
)	
CORNELIUS, GARY RAY)	CASE NO. 17-04796-JJG-13
CORNELIUS, KAREN MARIE)	
)	
DEBTORS)	

EXHIBIT 1

FOR DEBTOR'S MOTION FOR SANCTIONS FOR VIOLATION OF THE AUTOMATIC
STAY

Date: December 14, 2017

By: /s/ Andrew Sawin
Sawin & Shea LLC
Attorneys for Debtors
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NYS CHILD SUPPORT PROCESSING CENTER
PO BOX 15368
ALBANY NY 12212-5368

Date: December 5, 2017

**IMMEDIATE ACTION
REQUIRED**

**PLEASE CAREFULLY READ
THIS DOCUMENT**



*****AUTO**MIXED AADC 120
HILTON GARDEN INN

5255 NOGGLE WAY
INDIANAPOLIS IN 46237

New York Case Identifier: NZ01537F1
Employer No: 15
Employee/Obligor Name: CORNELIUS, GARY
Employee/Obligor SSN: 451-57-5106
County Name: NEW YORK CITY

Support Withholding Non-Compliance Notice

Our records indicate that the individual noted above is employed by you, or receiving payments or benefits from you. An "Income Withholding Order/Notice for Support" (IWO) was mailed to you, and no payments have been received in at least the past 45 days. You are required to submit payments within 7 business days of the individual being paid. You must notify us if the individual is no longer employed by you, or receiving payments or benefits from you.

Immediate Action Required

Please review your records and forward payments to: **NYS Child Support Processing Center, PO Box 15363, Albany, NY 12212-5363.**

If the employee/obligor has never worked for you, is no longer working for you, or is not receiving benefits, **IMMEDIATELY** notify the NYS Child Support Processing Center by completing the information as directed on page 4 of the IWO (**Notification of Employment Termination or Income Status**) and mail it to the address below.

If you no longer have the IWO fill in the information below and mail this notice to **NYS Child Support Processing Center, PO Box 15368, Albany, NY 12212-5368.**

☐ This person has never worked for this employer or never received income from this income withholder.
☐ This person no longer works for this employer or receives income from this income withholder
Employer's/ Income withholder's contact name: _____ Phone number: _____
Employee's/Obligor's name: CORNELIUS, GARY NY Case ID: NZ01537F1
Date of termination: _____ Reason for termination: _____
Employee's/Obligor's last known address: _____
New employer's/income withholder's name and address: _____

Penalty for Failure to Comply

Your failure to withhold or remit the support as directed in the IWO may cause us to bring legal action in family court against you. Family court can direct the payment of a civil penalty not to exceed \$500 for the first instance and \$1,000 per instance for the second and subsequent instances of noncompliance. You would also be responsible for full payment of all payments that should have been withheld and remitted as directed in the IWO.

If you have any questions about this notice, please contact the **NYS Child Support Helpline** toll free at 888-208-4485, Monday through Friday from 8:00 AM to 7:00 PM.